

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico July 19, 1957
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Pan American Petroleum Corporation W. H. Turner, Well No. 3, in SE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

P, Sec. 29, T. 21-S, R. 37-E, NMPM, Blinebry (Gas) Pool
Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
			X

Sec. 29, T-21-S, R-37-E

Tubing, Casing and Cementing Record

Size	Feet	Sax

County Lea Date Spudded 7-4-57 Date Drilling Completed 7-11-57
Elevation 3477 Total Depth 7658 PBD 6290

Top Oil/Gas Pay 5600 Name of Prod. Form. Blinebry

PRODUCING INTERVAL -

Perforations 5600-40 with 4 shots per foot.

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 3435 MCF/Day; Hours flowed 24

Choke Size 1 1/2 Method of Testing: Flow prover

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 3000 gallons 15% reg. acid and 6000 gallons gelled acid.

Casing _____ Tubing _____ Date first new _____
Press. 675 Press. 350 oil run to tanks _____

Oil Transporter _____

Gas Transporter Permian Basin Pipe Line Company

Remarks: Well was dual completed as a Blinebry Field Gas Well 7-11-57

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____ Pan American Petroleum Corporation
(Company or Operator)

OIL CONSERVATION COMMISSION

By: [Signature]
(Signature)

By: _____ Title: Field Superintendent

Send Communications regarding well to:

Title _____

Name R. L. Hendrickson

Address Box 68, Hobbs, New Mexico